

HEALTH ALERT NETWORK | **HEALTH ADVISORY** | January 19, 2020

Interim Guidance for Tuberculosis Testing and COVID-19 Vaccine

Background

On December 11, 2020, the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine and on December 18, 2020, the Food and Drug Administration (FDA) issued an EUA for the Moderna COVID-19 (mRNA-1273) vaccine. Both vaccines require 2 doses for maximum protection to the virus; the Pfizer vaccine is administered 3 weeks apart and the Moderna vaccine is administered 4 weeks after the initial injection. Recommendations regarding the coadministration of other vaccines have resulted in recommendations to not vaccinate for other conditions within a minimum interval of 14 days before or after administration with any other vaccines. Questions surrounding the administration and interpretation of laboratory tests looking for immunological and serologic response to *Mycobacterium tuberculosis* complex have resulted in the following recommendations.

It should also be noted that while it is known that traditionally inactive vaccines do not interfere with tuberculosis (TB) test results and that there is no immunologic reason to believe either a Tuberculin Skin Test (TST) (administered by intradermal placement of 0.1 cc of purified protein derivative) or blood draw for interferon gamma release assay (IGRA) would affect the safety or effectiveness of mRNA COVID-19 vaccines, the CDC does not have any data to inform if there would be any potential impact of the COVID-19 mRNA vaccines on either TB test for infection (i.e., TST or IGRA).

Recommendations

Summary of Recommendations

For healthcare personnel or patients who require baseline TB testing (at onboarding or entry into facilities) at the same time they are to receive an mRNA COVID-19 vaccine:

- Perform TB symptom screening on all healthcare personnel or patients.
- If utilizing the IGRA, draw blood for interferon gamma release assay prior to COVID-19 vaccination.
- If utilizing the TST, place prior to COVID-19 vaccination.
- If vaccination has been given and testing needs to be performed, defer TST or IGRA until 4 weeks after COVID-19 vaccine 2-dose completion.
 - All potential recipients of COVID-19 vaccination should weigh the risks and benefits of delaying TST/IGRA with their providers.

For healthcare personnel who require testing for other reasons:

- Perform TB symptom screening on all healthcare personnel
- Test for infection should be done before or at the same time as the administration of COVID-19 vaccination. If this is not possible, prioritization of test for TB infection needs to be weighed with the importance of receiving COVID-19 vaccination based on potential COVID-19 exposures and TB risk factors.
 - Healthcare personnel with high-risk conditions for TB progression should be fully evaluated as soon as possible.
 - Healthcare personnel without high-risk conditions for TB progression should proceed with contact evaluation (i.e., symptom screening, chest radiograph or other imaging, specimen for microbiologic evaluation) but delay test for TB infection (TST or IGRA) if prioritized for receiving COVID-19 vaccination.
 - All potential recipients of COVID-19 vaccination should weigh the risks and benefits of delaying TST/IGRA with their providers.

For TB Risk Assessment Tools, visit health.nd.gov/tb/healthcareproviders

For More Information

Full text of these recommendations can be found at https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html. If you have questions, contact the Division of Sexually Transmitted and Bloodborne Diseases at 800.472.2180.

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